



## Family Preservation Services Overview

- Family Preservation Services are designed for families (with a substantiated case of abuse or neglect) that DCS believes could safely care for the children in their home with the assistance of appropriate services. All in-home CHINS and IA should be referred for Family Preservation Services.
- Family Preservation Services include assessment of the child/parent/family resulting in an appropriate service/treatment plan that is based on the assessed need. The clear goal for these services is to preserve the family and avoid the trauma of removal for the child, provided it is safe for them to remain with their identified caregiver.
- Family Preservation Services are home-based and will monitor and address any safety concerns for the child. Any interventions are strength-based and family-driven with the family actively participating in identifying the focus of services.
- Family Preservation Services are all-inclusive and must aim to preserve the family by addressing any presenting safety and supervision concerns. Treatment-planning/establishing goals should be a collaborative effort among all family members including children (provided their participation is age-appropriate).
- Services must include both at least one evidence-based intervention, as well as the provision of concrete assistance for families if not doing so would result in the need to remove the child.
- Family Preservation Services will end if, during the course of service delivery, unresolvable safety concerns cause the need to indefinitely remove the child. The existing community-based service array will be referable going forward for these cases.



## Purpose For Family Preservation Focus And Per-diem Structure

State statute (HEA 1001) requires a per-diem model for Family Preservation Services, and we see the benefits, including:

- Better outcome tracking: Per-diem reimbursement aids in evaluating outcomes, as only one provider with a single objective – versus several that might have differing objectives – works with each family.
- Improved quality of service through the utilization of evidence-based practices.
- Focus on progress: Providers can center their attention on outcomes rather than logging billable time, giving them the freedom to continue trying to engage resistant families without losing revenue. Billable hours will no longer impact how providers support families on their paths to self-sufficiency. Research shows that families should be served at the right intensity with the right intervention for them, not by any prescribed number of hours.
- Simplified audits, which currently are time-consuming and conflict-inducing.
- Reduced confusion for families by having one provider agency working with each family with a clear goal – preserving more families and reducing foster care placements, which predicts better outcomes for children.
- Freedom for providers to pursue multiple revenue streams (Medicaid, third-party payers, etc.), which can remain in place for families after DCS exits the family's life. This will lead to improved continuity of care for families, with hopefully a reduction in repeat maltreatment or families re-entering our system.
- Progress toward the Family First Prevention Services Act and its requirement of evidence-based practices.